## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

RD

**Application or Docket Number** 

| CLAIMS AS FILED - PART I   |  |   |                                  |                                     |                  |                                 | SMALL EN           | TITY                   |         | OTHER               | THAN                   |
|--|--|---|----------------------------------|-------------------------------------|------------------|---------------------------------|--------------------|------------------------|---------|---------------------|------------------------|
|  |  | .•  | (Column 1) (C                    |                                     | Column 2)        | TYPE                            |                    | OR                     | SMALL E |                     |                        |
| U.S.   | NATIONAL S                                     | TAGE FEES                                 |                                  | ٠,                                  |                  |                                 | RATE               | FEE                    |         | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT.                       | . ENT. = \$ 150 LARG                |                  | E ENT. = \$ 300                 | BASIC FEE          | 150                    | OŖ      | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Art<br>(4) = \$50/ |                                     |                  | er situations =<br>100 / \$ 200 | EXAMPLE B          | 100                    |         | LEAR LEB            |                        |
| SEARCH FEE   |  |   | ALL other cour                   |                                     |                  | er situations =<br>250 / \$ 500 | SEARCH FEE         | 200                    |         | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =                      |                                     |                  | / 50 =                          | X\$ 125 =          | /                      |         | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 minus 20 = *                   |                                     |                  | Y                               | X \$ 25 =          | 100                    | OR      | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =                      |                                     |                  |                                 | X\$100 =           |                        | OR      | X\$200 =            |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                            |                                     |                  |                                 | + \$ 180 =         |                        | OR      | +\$ 360 =           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                                  |                                     |                  | lumn 2                          | TOTAL              |                        | OR      | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |   |                                  |                                     |                  |                                 | SMALL              | ENTITY                 | OR      | OTHER<br>SMALL E    |                        |
| AMENDMENT A  | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ER<br>JSLY       | PRESENT<br>EXTRA                | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                            | ** .                                |                  | <b>=</b>                        | X \$ 25 =          |                        | or.     | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                            | ***                                 |                  | = .                             | X \$ 100 =         |                        | OR.     | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                                     |                  |                                 | + \$ 180 =         |                        | OR      | + \$ 360 =          |                        |
|  |  |   |                                  |                                     |                  |                                 | TOTAL ADDIT<br>FEE |                        | OR      | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Column 1)                                |                                  | (Colum                              | n 2)             | (Column 3)                      |                    |                        |         |                     |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                                  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA                | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                            | **                                  |                  | =                               | X \$ 25 =          |                        | OR      | X \$ 50 =           |                        |
|  | Independent                                    | *   | Minus                            | ***                                 |                  | =                               | X \$ 100 =         | •                      | OR      | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                  |                                     |                  |                                 | + \$ 180 =         |                        | OR      | + \$ 360 =          |                        |
|  | · · · · · · · · · · · · · · · · · · ·          | *   |                                  |                                     |                  |                                 | TOTAL ADDIT        |                        | OR      | TOTAL ADDIT.<br>FEE |                        |
|  |  |   | •                                |                                     |                  |                                 |                    |                        |         |                     |                        |

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.